**SPEECH LANGUAGE & COMMUNICATION NEEDS SERVICE**

**TEACHER QUESTIONNAIRE FOR LANGUAGE (FORM A)**

**Please return to SENDCO (Attach to SLCNS referral form)**

**\* Obligatory fields - MUST be completed for the referral to be accepted. Incomplete referrals will be returned.**

|  |  |
| --- | --- |
| \*Child’s name: | |
| \*School: | |
| \*Teacher: | |
| \*Date: | \*N/C Year: |

*\*In order to show progress please complete this form using a RED pen and then use a GREEN pen at the end of the block of intervention\**

|  |  |  |
| --- | --- | --- |
| **In relation to other pupil’s in your class, how well does this pupil:** | **Rating**  1-Poor  3-Average  5- Excellent | **Comments and examples: please include as much information as possible.**  **If you’ve rated them between a 1 – 2, are there any times that this is better or worse?** |
| **Talking** |  |  |
| Learn curriculum vocabulary | 1–2–3–4–5 |  |
| Find the right words | 1–2–3–4–5 |  |
| Speak in sentences | 1–2–3–4–5 |  |
| Able to ask questions | 1–2–3–4–5 |  |
| Contribute to class discussions | 1–2–3–4–5 |  |
| Make relevant contributions | 1–2–3–4–5 |  |
| Speak without hesitation | 1–2–3–4–5 |  |
| Gets upset when people don’t understand | 1–2–3–4–5 |  |
| **Listening** |  |  |
| Listen in class | 1–2–3–4–5 |  |
| Hearing (e.g. glue ear) | 1–2–3–4–5 |  |
| Concentrate | 1–2–3–4–5 |  |
| Follow classroom routines | 1–2–3–4–5 |  |
| Remember instructions | 1–2–3–4–5 |  |
| Follow instructions | 1–2–3–4–5 |  |
| Understand questions | 1–2–3–4–5 |  |
| Follow discussions | 1–2–3–4–5 |  |
| **Social Communication** |  |  |
| Use appropriate eye contact | 1–2–3–4–5 |  |
| Facial expression. | 1–2–3–4–5 |  |
| Make friends | 1–2–3–4–5 |  |
| Starts and maintains conversations: with adults  with peers | 1–2–3–4–5  1–2–3–4–5 |  |
| Take turns | 1–2–3–4–5 |  |
| Organise themselves | 1–2–3–4–5 |  |
| **Behaviour in class:**  Passive  Disruptive | 1–2–3–4–5  1–2–3–4–5 |  |
| **Behaviour in playground**  Passive  Disruptive | 1–2–3–4–5  1–2–3–4–5 |  |
| **General Development** |  |  |
| Use Fine motor skills | 1–2–3–4–5 |  |
| Use Gross motor skills | 1–2–3–4–5 |  |
| Development of literacy skills | 1–2–3–4–5 |  |
| Achieve within the average range on SATS. | 1–2–3–4–5 |  |
| Additional information:  Signs of dysfluency (Stammer)? | | |

**PLEASE RETURN THIS FORM TO THE SLCNS WITH THE REFERRAL FORM & FORM B**

**PLEASE ONLY COMPLETE FORM B IF THE PUPIL HAS DIFFICULTIES WITH MAKING SPEECH SOUNDS.**